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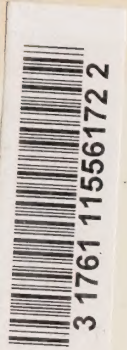
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Resources on Infant Attachment for Professionals, Parents and Caregivers

Dear Professional:

This Resource Kit on Infant Attachment has been developed by Health Canada with the expert guidance of professionals and researchers working in the fields of attachment and parenting. The purpose of the Kit is to assist you in your work with expectant mothers and new parents in order to promote secure infant attachment.


The Kit contains two types of resources. The four professional resource sheets are intended to provide you with background information on the history and importance of secure infant attachment for healthy psycho-social and physical development. These resources describe what infant attachment is, why secure attachment matters, and what role the professional can play in promoting and fostering it.

The second type of resource is information for parents and other primary caregivers. The three parent fact and information sheets - 'Infant Attachment - What Babies Have to Say', 'Infant Attachment - Helpful Things for Parents/Caregivers To Know', and 'Infant Attachment - Resource List' - are designed to help parents to understand and be attentive to their babies' behaviours, and foster secure attachment, as well as to provide them with information about additional supports and resources.

We hope you will use these resources as a tool to support your work with parents. Many, while focussing primarily on the physical care needs of their babies, may not be aware of the importance of infant social development. Research indicates that attachment is crucial to infant well-being and has lifelong implications. Professionals, such as yourself, have a very important role to play in both educating parents, and monitoring the overall well-being of infants and parents.

The Kit has been published in limited numbers. For additional copies please contact Health Canada Publications, 0900C2, Ottawa, Ontario K1A 0K9; Telephone: (613) 954 5995; Fax: (613) 941 5366; or, e-mail: info@hc-sc.gc.ca. The Kit will also be made available in the future on the Health Canada web site at <http://www.hc-sc.gc.ca>. The three parent information sheets can be photocopied and distributed to your clientele.





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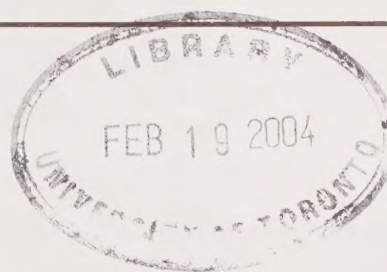
INFANT ATTACHMENT - WHAT PROFESSIONALS NEED TO KNOW

ATTACHMENT TYPE , CAREGIVER AND INFANT BEHAVIOURS

This table shows the connections between attachment types, caregiver behaviours, and infant behaviours, derived from observations during 'the Strange Situation', a laboratory measure of attachment used with mothers and infants 12-18 months old. Secure, Insecure Avoidant, and Insecure Ambivalent are variations of normal attachment strategies/styles. Insecure Avoidant attachment is relatively common in some cultures.

The behaviours associated with attachment types do not represent absolute categories. Instead, both caregiver and infant behaviours occur on a gradient within each category. For example, caregiver behaviours that indicate unavailability, unresponsiveness, or rejection may be mild or extreme.

ATTACHMENT TYPE	CAREGIVER BEHAVIOURS	INFANT/CHILD BEHAVIOURS
SECURE	<ul style="list-style-type: none"> caregiver responds in a warm, loving, sensitive, responsive and dependable way to the infant's needs the caregiver is sensitive to the infant's behaviour, emotionally and physically available, affectionate, comforting, and enjoys interacting with the infant 	<ul style="list-style-type: none"> greet's caregiver seeks proximity to caregiver maintains contact engages caregiver from a distance is soothed by presence of caregiver settles easily upon reunion with caregiver
INSECURE - AVOIDANT	<ul style="list-style-type: none"> caregiver tends to be unavailable, unresponsive, or rejecting 	<ul style="list-style-type: none"> minimal distress on separation from caregiver does not greet caregiver - ignores or avoids upon reunion does not seek proximity to or maintain contact with caregiver
INSECURE - AMBIVALENT (ANXIOUS OR RESISTANT)	<ul style="list-style-type: none"> caregiver tends to respond to infant's needs in inconsistent and unpredictable ways 	<ul style="list-style-type: none"> distressed and unsettled by separation from caregiver not easily comforted on reunion - may show anger reluctant to explore
INSECURE - DISORGANIZED (DISORIENTED)	<ul style="list-style-type: none"> at its extreme, caregiver is abusive (including severely neglecting) caregiver responds in frightening, frightened or dissociated ways toward the infant 	<ul style="list-style-type: none"> stalling or freezing for seconds or minutes with dazed and/or frightened look walking away from rather than toward caregiver when distressed hiding after separation confusion, fear upon reunion both very strong avoidance and very strong ambivalence or resistance toward caregiver



INFANT ATTACHMENT - WHAT PROFESSIONALS NEED TO KNOW

ATTACHMENT TYPE AND INTERNAL WORKING MODELS

Research suggests that internal working models operate outside of conscious awareness, are quite stable over time, and project onto other important relationships.

TYPE	INTERNAL WORKING MODEL
SECURE	<ul style="list-style-type: none">● I can trust and rely on others.● I am lovable, capable, significant and worthwhile.● My world is safe.
INSECURE - AVOIDANT	<ul style="list-style-type: none">● Other people are unavailable and rejecting.● I have to protect myself.● If I deny my needs, I will not be rejected.● If I do what is expected of me, I will not be rejected.● If I take care of others and deny my own needs, I will be loved.
INSECURE - AMBIVALENT	<ul style="list-style-type: none">● Others are unpredictable, sometimes loving and protective, sometimes hostile and rejecting.● I don't know what to expect - I am anxious and angry.● I cannot explore - I may miss an opportunity for love and affection.● If I can read others and get them to respond, I will get my needs met.
INSECURE - DISORGANIZED	<ul style="list-style-type: none">● My caregiver, at times seems overwhelmed by me and at other times, seems very angry with me.● Others are abusive - neglectfully, physically, emotionally, and/or sexually.● I am unable to get my needs met. I don't know how to protect myself.



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INFANT ATTACHMENT - WHAT PROFESSIONALS NEED TO KNOW

This information sheet is intended to provide you with background about infant attachment. It will help you understand the importance of attachment in your day-to-day work with families.

ATTACHMENT THEORY...

- originated in the early 1950s with **John Bowlby** who was a child psychiatrist.
- was given an empirical base by **Mary Salter Ainsworth** who developed a way of measuring the concept of the attachment figure as a **secure base** from which an infant can explore. She also promoted the importance of **maternal sensitivity to infant signals** and its role in the development of infant-mother attachment.
- has been developed and integrated over the last 60 years, and continues to evolve, through the work of researchers around the world.

INFANT ATTACHMENT IS...

- the deep emotional tie or connection that an infant forms with a main caregiver, usually the mother. It is "a tie that binds them together in space and endures over time."¹
- believed to arise from social interactions. It reflects the operation of an 'internal working model' that expresses the infant's expectations of the parent's behaviours in emotionally meaningful situations.
- fostered by the sensitive responsiveness of the primary caregiver.
- also affected by characteristics of the infant, caregiver behaviours, stresses and supports, family system, marital relationship, culture, and environment.
- is an important influence on later emotional, cognitive and social outcomes.

ATTACHMENT BEHAVIOUR...

- is any behaviour the infant uses to seek and maintain contact with, and elicit a response from, a caregiver.
- includes crying, grasping, clinging, searching, approaching, crawling/walking/running towards, following, smiling, greeting, reaching, and vocalizing.
- may vary according to what is considered culturally appropriate, yet the attachment relationship is universal.

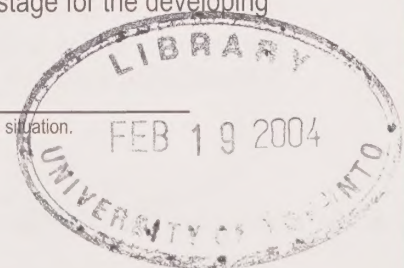
THE ATTACHMENT FIGURE...

- is the primary caregiver with whom the infant interacts in the first year of life and forms an attachment relationship.
- represents a secure base for exploration.

MILESTONES IN THE DEVELOPMENT OF ATTACHMENT...

- **In the first 2 months of life**, even though infants show little observable preference for a particular caregiver, the warm, sensitive, and dependable responses of caregivers to the infant set the stage for the developing attachment relationship.

¹Ainsworth, MDS & Bell, SM. (1970). Attachment, exploration, and separation: Illustrated by the behaviour of one-year-olds in a strange situation. *Child Development*, 41, pp.49-67.



INFANT ATTACHMENT - WHAT PROFESSIONALS NEED TO KNOW

- **From 2 to 7 months**, infants tend to interact differently with primary caregivers and strangers but in general still do not show strong preferences.
- **By 4 - 6 months of age**, infants begin to develop expectations of how their attachment figure will respond to them when they are distressed. These expectations, based on daily experiences with the attachment figure, are termed '**internal working models** of attachment relationships'.
- **Between 7 and 12 months**, infants show definite preferences for a small number of attachment figures. 'Stranger wariness' and 'separation protest' emerge.
- **From 12 to 18 months**, with the advent of crawling and walking, infants use their attachment figure as a 'secure base' from which to venture out and explore the world, and as a 'safe haven' to return to when frightened or distressed.
- **From 18 months to about 4 years of age**, the attachment relationship is characterized by tolerance of separation, learning to cooperate, and balancing the need for autonomy, self-control and exploration with the continued need for love, affection, and protection.

SECURE ATTACHMENT IS...

- promoted by caregivers who are sensitive to the infant's behaviour, emotionally and physically available, affectionate, and comforting, and who enjoy interacting with the infant.
- more likely when the caregiver has a history of secure attachment.

INSECURE ATTACHMENT...

- develops when a primary caregiver does not consistently respond in ways that are warm, affectionate, loving, dependable, and sensitive to the infant's needs.
- types differ, depending on the nature and extent of the neglect of the primary caregiver in responding to the infant - may be avoidant, ambivalent or disorganized.
- may be an indicator of risk for the development of emotional, social and behavioural problems in childhood and later in life (particularly the disorganized/disoriented category).
- can be modified with appropriate interventions.

SECURE ATTACHMENT IS IMPORTANT BECAUSE...

- it provides an infant with feelings of safety and security.
- it allows an infant to explore his/her world and to know that if frightened or distressed, he/she will be safe, soothed or comforted on return to the 'secure base' of a caregiver.
- earliest relationships influence early brain development and help to shape emotions, thinking, learning, and behaviour throughout life.
- it is a protective factor against the development of a variety of emotional and behavioural problems throughout childhood and adolescence.

ATTACHMENT AND THE DEVELOPING BRAIN

- The brain grows and develops in ways that are critically influenced by our earliest experiences of the world.
- The brain, just like the body, thrives on good nourishment and fails to grow in healthy ways when good nourishment is not received.
- Research evidence suggests that the lack of proper stimulation or exposure to the wrong kinds of stimulation may be damaging to the brain.
- Stress is an important factor which can affect the developing brain.
- It is thought that infants who are insecurely attached may, under stressful conditions, show prolonged stress responses that are harmful to brain development.
- The evidence further suggests that the warm, sensitive, responsive and dependable caregiving which promotes secure attachment is important in buffering harmful stress effects on the developing brain.



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INFANT ATTACHMENT - THINGS FOR PROFESSIONALS TO WATCH FOR AND ASK ABOUT

ATTACHMENT CHECKLIST:

The Attachment Checklist is intended to bring to light the assessment areas that are important in understanding infant attachment. It will help you to identify appropriate interventions. (See - Infant Attachment - What Professionals Can Do)

In observing a securely attached infant/toddler, you can expect to see that the infant/toddler:

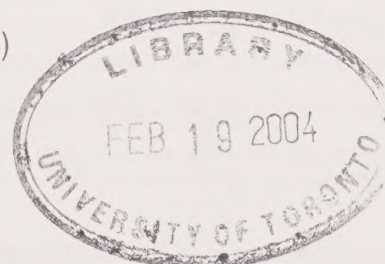
- ☐ seeks comfort when distressed
- ☐ greets the caregiver after a separation
- ☐ shows affection
- ☐ welcomes contact on reunion with the caregiver
- ☐ uses the caregiver as a safe base for exploration
- ☐ interacts (checks back, makes eye contact) when exploring or from a distance
- ☐ relies on the caregiver for help
- ☐ is more comfortable with the caregiver than with a stranger.

Infant behaviours that may be signs of disturbed attachment include:

- ☐ a lack of comfort seeking when hurt, frightened or ill, or comfort seeking in an odd or ambivalent manner
- ☐ a failure to reestablish interaction after separations, including active ignoring/avoiding behaviours, intense anger, or obvious lack of affection
- ☐ a lack of affectionate interchanges across a range of social settings or promiscuous affection with relatively unfamiliar adults
- ☐ active avoidance or resistance to physical contact on reunion
- ☐ a failure to check back with the caregiver or near complete unwillingness to leave the caregiver to explore
- ☐ either excessive dependence on or independence from caregiver
- ☐ with respect to strangers, immediate engagement without initial wariness, extensive physical contact without referencing the caregiver, willingness to leave the caregiver and go with a stranger without protest.

Infants in the following groups are at higher risk for insecure disorganized/disoriented attachment. Watch for signs of disturbed attachment among:

- ☐ infants of teen mothers
- ☐ infants with neurological disorders (CP, Autism, Down Syndrome)
- ☐ infants who are victims of maltreatment
- ☐ infants exposed to domestic violence (a very high risk indicator).



INFANT ATTACHMENT - THINGS FOR PROFESSIONALS TO WATCH FOR AND ASK ABOUT

Other **caregiver** risk factors to ask about which may affect infant attachment:

- ☐ the absence of feelings of love for their infant 1 month or more postpartum or obvious expressions of rage at the infant (follow closely and reassess)
- ☐ the death of a parent and if so, when
- ☐ depression (chronic, episodal or post partum)
- ☐ substance abuse (current, past, during pregnancy)
- ☐ marital discord or divorce
- ☐ poverty (increases the likelihood of other risk factors such as depression and lack of supports)
- ☐ history of maltreatment
- ☐ domestic violence
- ☐ multiple hospitalizations early in caregiver's life (especially in the first 3 years)
- ☐ caregiver's history of childhood placement in foster care (especially in the first 3 years of life)
- ☐ prolonged separations of the caregivers from own parents due to parental separation or divorce (especially in the first 3 years of life).

Some of these risk factors may be difficult to ask a caregiver about. Here are some suggestions of sensitively worded questions:

- ☐ **Who do you live with?**
- ☐ **Do you have a lot of "ups" and "downs" in your mood?**
- ☐ **Do you often feel sadness or despair?**
- ☐ **Do you ever worry that you might not have enough money to pay your rent and buy food?**
- ☐ **Are your own parents still alive? If not, When did they die?** *(If the caregiver's relationship with her/his own parents was problematic, the parent's death may cause intrusive memories of harsh or painful interactions. A referral to counselling may be indicated.)*
- ☐ **Did you plan this pregnancy? Were you happy about it when you found out you were pregnant?**
- ☐ **Have there been any times when the baby had to spend more than a full day away from you? If so, When? What were the circumstances?** (i.e., Was this a time when the infant was likely to have been hurt, sick, or scared?) **How often has this happened?**
- ☐ **Some mothers (fathers) feel that they don't love their babies the way they think they should. Do you sometimes feel that you don't really love your baby? Do you sometimes feel really angry or frustrated with your baby?**
- ☐ **Is there a lot of arguing in your home? Does anyone ever hit, slap, push, or shout at you?**
- ☐ **Does anyone hit, slap, shake, handle roughly, or shout at the infant? Ever?** *If answer seems uncertain, hesitant or evasive, you might question further with: What happens if you or another caregiver is really stressed or 'fed up' and the baby is cranky, uncooperative, or crying a lot?*

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INFANT ATTACHMENT - WHAT PROFESSIONALS CAN DO

PROFESSIONALS CAN...

- recognize that an infant's attachment to his/her caregiver is of central importance, and bring an attachment focus to every meeting with parents.
 - Asking parents about the infant/caregiver relationship is as important as asking about an infant's eating and sleeping.
- take steps to improve the quality of infant/caregiver attachment relationships.
 - Depending on the nature of your contact with the mother and infant (e.g., medical doctor, public health nurse) you may have more or less time to focus on attachment. But with even a little time, you can make a start. The interventions described below include both basic considerations and more complex and lengthy interventions.
- continue to assess and ask about the quality of parent-child relationships as the child matures.

THREE IMPORTANT FACTORS, AND HOW TO INTERVENE...

1. **Sensitivity of the primary caregiver** (e.g., to perceive, interpret, and act on an infant's cues) is widely recognized as an important contributor to secure attachment. Caregivers can be helped to be more sensitive in the context of responding to infants' distress or, as a start, in the context of playing with the infant.

➤ **Sensitivity to distress cues:¹**

Notice crying

- Observe how the caregiver responds to infant's distress.
- Caregiver's attempts to comfort the infant can be positively acknowledged.
- Caregivers who do not try to comfort distressed infants, become annoyed at an infant's distress, or who seem uncomfortable holding their infant close to them may need help in responding more sensitively.

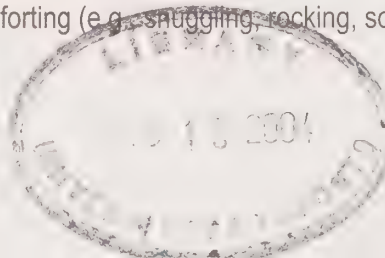
Interpret crying, other signs of distress

- Some parents may not know that even very young infants communicate distress through crying, looking away, tensing their bodies, etc. They may believe that "babies just cry for no reason, most of the time", or "s/he's just spoiled" or "trying to manipulate me" or "is angry with me".
- It is helpful to ask a caregiver questions about what she or he thinks the baby is feeling, why the baby might be upset, and/or how they interpret what their babies are feeling.

Respond in a loving way to distress

- Parents are reassured to know that they are doing something right when they try to comfort their distressed babies, even if the baby does not always calm down.
- Suggest specific actions that many infants find comforting (e.g., snuggling, rocking, soft talking, walking).

¹ This material is from *A Simple Gift: Comforting Your Baby. A Guide for Professionals*.



INFANT ATTACHMENT - WHAT PROFESSIONALS CAN DO

➤ Sensitivity while playing

- Parents and caregivers can learn useful things about responding sensitively to infants' needs during low-stress, play-time interactions.²
 - Caregivers who do not interact very much with their infants can be urged to try the following basic-level interactions. You might suggest that the caregiver try the following during your meeting with her or him:
 - position the infant so they can see each other.
 - make eye contact and smile whenever the infant looks at her or him.
 - make eye contact and vocalize when the infant makes eye contact and vocalizes (i.e., imitate the baby).
 - Some caregivers interact with their infants in a controlling manner. Describing the "Watch, Wait, and Wonder" technique may be helpful.³
 - Watch: caregiver places baby on floor (with toys if age-appropriate) and watches the baby
 - Wait: caregiver does not initiate interaction or try to make the baby do anything
 - Wonder: when the baby looks at the caregiver, the caregiver makes observations and responds with imitation of the baby's behaviour.

2. Primary caregiver's own childhood attachment history

- Problematic or abusive relationships with a caregiver's own caregivers in infancy and childhood may mean that the caregiver has little experience with the fostering of close relationships. She or he may not have learned how to parent in sensitive, loving ways.
- It may be useful to discuss a caregiver's childhood relationships, or to refer her or him to counselling specific to this purpose.
- Some research indicates that counselling can lead to increased stress in vulnerable clients and thus they may require additional supports. Further, short-term interventions that focus on behaviour (rather than on possible historic roots of the behaviour) may be as or more effective in fostering secure attachment as long term analytic approaches.⁴

3. Marital relationships

- Because conflictual and violent marital interactions are distressing and inconsistent with a safe family environment, they can impact on the development of secure attachment.
- Try to create an accepting environment for your clients to talk to you about violence and other conflict in their lives.
- Familiarize yourself with couples counselling resources in your community.

² See Dr. Anne Krupka's paper: "Promoting resilience through secure attachment: A brief intervention for adolescent mothers and their infants."

³ Muir, E. (1992). Watching, waiting, & wondering: Applying psychoanalytic principles to mother-infant intervention. *Infant Mental Health Journal*, 13, 319-328.

⁴ Based on their review of 16 intervention studies aimed at enhancing parental sensitivity and infant attachment security, van IJzendoorn, Juffer, & Duyvesteyn (1995, p. 244) concluded that: "Interventions are effective in enhancing maternal sensitivity to infant's attachment cues; ... Short-term interventions with a clear focus appear to be more effective than long-term broad-band interventions."



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INFANT ATTACHMENT - SUGGESTED ADDITIONAL READING



General Information:

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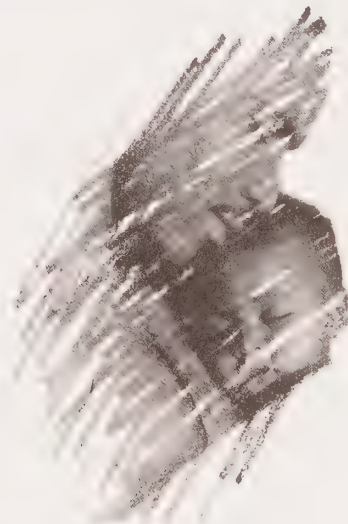
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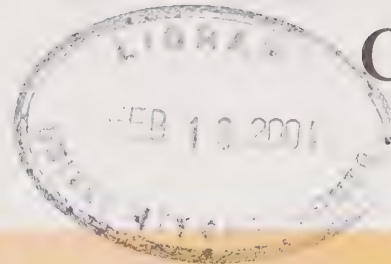
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INFANT ATTACHMENT - HELPFUL THINGS FOR PARENTS/CAREGIVERS TO KNOW

INFANT ATTACHMENT IS...

- the deep emotional tie or connection that an infant forms with a main caregiver, usually the mother. It is "a tie that binds them together in space and endures over time."¹

ATTACHMENT SECURITY IS IMPORTANT...

- for your baby to grow in healthy ways, for him/her to be able to explore and learn and to have good relationships with others.

SECURE INFANT ATTACHMENT DEVELOPS WHEN...

- you respond to your baby promptly in warm and sensitive ways (hugging, snuggling, rocking, talking softly, soothing) when he/she is frightened, upset, sick or hurt. Your baby then feels safe and comforted, and learns to trust others.
- you and your baby play and interact together in ways your baby enjoys.

WHAT PARENTS/CAREGIVERS CAN DO...

- Provide care that is warm, sensitive, responsive and dependable. How you respond to your baby lets him/her know how you feel about him/her.
- Pay attention to how your baby responds to your care. This will help you to be more sensitive and 'in tune' with your baby's 'cues and signals' - the different ways your baby communicates his/her needs and feelings.
- Have lots of close contact and active involvement with your baby.
- Learn about infant massage. There are many possible benefits for you and your baby. It can be a special time in your day to relax, connect with your baby, and focus on her/him.
- As your baby grows, learn which activities and toys are interesting to him/her.

¹Ainsworth, MDS & Bell, SM. (1970). Attachment, exploration, and separation: Illustrated by the behaviour of one-year-olds in a strange situation. *Child Development*, 41, pp

INFANT ATTACHMENT - HELPFUL THINGS FOR PARENTS/CAREGIVERS TO KNOW

OTHER THINGS TO KNOW...

- Your baby's brain continues to develop after birth. Attachment influences this development and affects thinking, learning, feeling and behaviour throughout life.
- Your own experiences as a child can affect the relationship between you and your baby. If you have concerns about your childhood, talk to a doctor, nurse, social worker or other professional who can help you.
- If you feel your baby is 'difficult', this can affect how you feel about and how you respond to him/her. You may benefit from talking this over with your doctor or other professional.
- Get support from family, friends, and/or community groups. If the demands of parenting are too much, talk to professionals like your doctor or a visiting nurse.
- If you are feeling down or depressed, if you find that you cannot enjoy your baby, or if you find yourself becoming angry with or overwhelmed by your baby, speak to your doctor, nurse or other professional. These feelings interfere with you being able to respond sensitively to your infant.
- Parenting can be hard work. If you need someone to talk to right away, call the **Parent Help Line** at 1-888-603-9100. There will be someone there to talk to you 24 hours a day.

What flowers of all the rainforests are in the world of today.

- Chinese Proverb





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INFANT ATTACHMENT - WHAT BABIES HAVE TO SAY!

Birth to 2 Months:

- You can hold me as much as you want.
- **You can't spoil me.**
- Crying is how I tell you that I need something. I don't cry to make you angry.
- If you think you have taken care of all of my needs and I am still crying, hold me and comfort me.
- Smile at me, laugh, sing to me, rock me, dance with me gently, talk to me softly. This is how our relationship grows.

2 to 7 Months:

- When I look at you, smile, coo, and reach up to you, I want you to respond to me.
- Crying is how I tell you that I need something. I don't cry to make you angry.
- If I turn away, I have had enough.
- When I am hurt, sick or afraid, I need you to hold me right away.

7 to 12 Months:

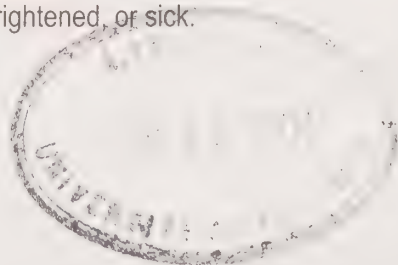
- I prefer to be with the few people who look after me the most. I am upset by people I don't know.
- I get upset when you leave me. Hug and cuddle me when you leave, and again when you come back; then I will learn that I am safe and secure.
- Play and talk with me face to face.
- Watch me play and follow my lead. If you always direct my play I will stop trying.
- Try to understand what I am telling you when I cry, smile, babble, or turn away.

12 to 24 Months:

- I am learning about my world. I like to explore, but when I am frightened, I need to come back to you for comfort. When I feel safe and comforted, I am ready to explore again.
- Even though I can do more things by myself, I still need love and affection.

24 to 48 Months:

- When I want to do things on my own, let me try, as long as it is not dangerous.
- I still need you to keep me safe and comfort me when I am hurt, upset, frightened, or sick.





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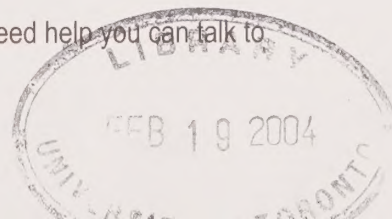
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INFANT ATTACHMENT - RESOURCE LIST

This is a list of resources that might be helpful to new parents, or to any parent who wants to make sure that they are doing the very best for their infant.

- **A Simple Gift: Comforting your baby.** This booklet and video explain how you can help your baby feel confident that someone loves him or her and that someone will be there to provide comfort and protection. They may be in your local public library, and are available from **IMP-CHSRG**, The Hospital for Sick Children, 555 University Avenue, Toronto, Ontario, M5G 1X8; telephone: (416) 813-5819; web site: www.sickkids.on.ca/imp; e-mail: rhona.wolpert@sickkids.on.ca/imp
- **Sharing Attachment Practices Across Cultures.** Although the attachment relationship is universal, parents' attachment beliefs, values, and practices differ around the world. There is an increasing number and increasing diversity of immigrants and refugees coming to Canada from countries where attachment practices may differ from those which are dominant in Canadian health and social service milieus. To learn more, visit: www.attachmentcrosscultures.org/
- **Invest in Kids** is a national not-for-profit organisation. Its goal is to help families make the most of their children's first five years. You can learn about how babies and young children grow and develop, how to comfort your baby, the benefits of infant massage, and some tips for managing stress through their web site: www.investinkids.ca
- **Right From the Start** is an 8-session parenting program developed to promote secure attachment by helping parents understand baby behaviours and learn to respond sensitively to their infants. To find out where it might be offered in your area, contact your local Family Resource Program, Early Years Centre (Ontario), Public Health Unit / Department, Infant Development Program, Child Protection Agency, Children's Mental Health Centre, etc.
- **Parent resource centres** are available in many communities and provide information, support and opportunities to talk with other parents. The staff who run these programs can direct you to other helping professionals. Your doctor or public health nurse also may be aware of other programs in your local community, set up to provide parenting support for parents of young children.
- **The Parent Help Line** is available 24 hours a day at **1-888-603-9100**. If you need help you can talk to someone right away about you and your baby.



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